

| OR Washington State   |  | D DISABILITY SERV |              | MINISTRATION  MMUNICATION  | [·                                |            |
|---|--|-------------------|--------------|--|-----------------------------------|------------|
| REQUIRED: New Service Service/Program Change Functional Elig  |  |                   |              | gibility Review  | DATE  Review  MAILSTOP:           |            |
| FROM:   | ORGANIZATION:  |                   |              | 1  | MAILSTOP:                         |            |
| CASE NAME   | TELEPHONE NUMBER   |                   |              | 1  | ACES CLIENT ID NUMBER             |            |
| DDRESS  |  | CITY              |              | STA  |                                   | E ZIP CODE |
| <ul> <li>☐ Client remains functionally eligible</li> <li>☐ No change in service</li> <li>☐ Change in service - See Below</li> <li>☐ Client is no longer functionally eligible - Case Closed:</li> </ul> |  |                   | ed Language: |  | te:<br>Application<br>Eligibility |            |
| NURSING FACILITY PLACEMENT  | GAX/NGMA   |                   |              | RESIDENTIAL  |                                   |            |
| Date of Request for CA:  NFLC:  | GAX Request/In-process  NGMA Request/in-process  IN-HOME  Effective Date:  MPC  COPES  Fast Track  ETR  Medically Needy In-Home (MNIW)  Total monthly cost of MNIW  (list cost by service in comments) |                   |              | Service Begin Date: Facility: Address:  Telephone: STATE PAY (GAU ONLY)  AFH ARC MPC Daily Rate: Fast Track Setting: AFH ARC COPES Daily Rate: |                                   |            |
| Likely to meet/exceed 30 days?  Yes No Income Exemption (Housing Allowance)  Amount:  Dates: to NURSING HOME DISCHARGE  |  |                   |              |  |                                   |            |
| Date of Discharge:  Discharged with Services  ☐ Yes (Complete service section) ☐ No   |  |                   |              |  |                                   |            |
| COMMENTS  |  |                   |              | ☐ EARC LOC: ☐ AL LOC: ☐ AL with capitol a  | dd o                              | n,         |
| Case Manager:   | Agency:  |                   |              | ETR Rate:  |                                   |            |
| ransferred To: Agency:  |  |                   |              |  |                                   |            |